

**Patient
Information**

Laparoscopic Hysteropexy

Introduction

This leaflet will provide information on uterine prolapse and laparoscopic hysteropexy. This procedure is performed for women who wish to have uterine preservation surgery for their prolapse.

What is prolapse of the uterus / vaginal apex?

A prolapse is herniation (coming down) of the vaginal walls and pelvic organs away from their normal positions inside the body. In severe cases it can protrude outside the vagina. Apical vaginal prolapse is a prolapse from the top of the vagina. The apex is the deepest part of the vagina where the uterus (womb) is usually located. If you still have your uterus, with apical prolapse it may come down into the lower part or the opening of the vagina, in severe cases it may completely protrude outside of the body.

A uterine prolapse is often accompanied by a weakness and prolapse of walls of the vagina such as a rectocele (a bulge of the back wall of the vagina) or a cystocele (prolapse of the front wall of the vagina). Sometimes further vaginal surgery is required to correct the prolapse at the same time as the hysteropexy procedure. Your surgeon will discuss this with you.

What is Laparoscopic Hysteropexy?

This procedure is performed in women who develop prolapse of the uterus (womb).

A strip of permanent mesh is used to lift the uterus and hold it in place. One end of the mesh is attached to the cervix (neck of the womb) and the other to the ligaments over the sacrum (base of the lower back). This will support the uterus and prevent it from prolapsing down. The operation is performed under a general anaesthetic through laparoscopic surgery (keyhole).

Reference No.

GHP11282_04_18

Department

Gynaecology

Review due

April 2021

**Patient
Information**

What conditions lead to uterine prolapse?

Prolapse occurs over a period of time, to varying degrees, and is usually caused by weakening or injury to the supporting muscles and ligaments of the pelvic floor. This can be as a result of childbirth, abnormally weak collagen type, being overweight, heavy lifting, chronic constipation, smoking and a lack of hormones after the menopause. There are usually multiple factors in the development of prolapse.

Many women will have a prolapse of some degree after childbirth; it is not unusual and unless you have symptoms you do not need to seek treatment.

What are the symptoms of prolapse?

Symptoms may vary depending on type and severity of prolapse. Usually symptoms are worse towards the end of the day.

In general, the symptoms can include:

- Dragging feeling, heaviness or lump down below
- Difficulty opening bowel or bladder
- Difficulty with intercourse or having a loose sensation.

Pain is not usually a symptom of prolapse. Some women with prolapse may not have any symptoms in which case no treatment is required.

What are the alternative non-surgical treatments?

Do nothing If the prolapse (bulge) is not troubling you greatly then surgery may not be necessary. If, however the prolapse is outside the vagina and exposed to the air, it can become dried out and eventually become ulcerated. Even if it is not causing symptoms, in this situation we would recommend supporting it back inside the vagina with a vaginal pessary (see below).

Pelvic Floor Exercises (PFE)

The pelvic floor muscles form a bowl at the bottom of your pelvis. These muscles support your pelvic floor organs (uterus, vagina, bladder and rectum). Every muscle in the body needs exercising to keep it strong so that it functions properly.

Patient Information

PFE help strengthen the pelvic floor muscles and therefore give more support to the pelvic organs.

These exercises may not get rid of the prolapse completely but they can make you more comfortable and are best taught by an expert (usually a physiotherapist). These exercises have little or no risk and even if surgery is required at a later date as they can help to strengthen the area before surgery. Please discuss with your surgeon for a referral to a physiotherapist.

Vaginal pessaries

- Ring pessary
This is a ring made of PVC which is inserted inside the vagina to push the prolapse back up. This usually gets rid of the dragging sensation and can sometimes improve bladder and bowel symptoms. The ring pessary is very popular and needs to be changed every 6 to 12 months. This can be done by your GP or practice Nurse. We can show you an example of one in clinic, please ask. Ring pessaries are not always suitable and do not always stay in place. Some couples feel it can interfere with intercourse. If a ring is not suitable we will need to consider a different type of pessary, for example a shelf pessary.
- Shelf pessary
This is a different shape pessary which cannot be used if you are sexually active. It needs to be checked every 6 to 12 months and is usually inserted in hospital by a specialist nurse or doctor.
- Gelhorn pessary
This pessary is made of silicone which is softer than the shelf pessary. The gelhorn pessary is not suitable for sexually active women. This pessary will also need to be checked every 6 to 12 months by a hospital specialist nurse or doctor.

What are the benefits of laparoscopic hysteropexy?

Hysteropexy preserves the anatomy of the vagina, suspending the uterus in its normal position by reinforcing weakened ligaments with a mesh. This procedure is minimally invasive operation, with limited disruption to the surrounding organs

Patient Information

Such as the bowel and bladder. It also offers a shorter operation time and quicker recovery afterwards.

Many women choose hysteropexy because it enables them to keep the uterus. In younger women, this may be influenced by a general desire to feel young, complete and fertile. Many women express relief when they learn that the uterus can be preserved, as in most cases they had assumed that hysterectomy (removal of the uterus) was the only option.

The uterus and cervix can have an important role in sexual function. Sexual well-being may decrease after hysterectomy due to damage to the nerves and supportive structures of the pelvic floor. In some women removal of the uterus may even influence sexual and personal identity.

Although laparoscopic hysteropexy is a relatively new procedure, initial results indicate that it is at least as effective as standard vaginal hysterectomy in curing prolapse.

Are there any risks to this operation?

Hysteropexy is considered major surgery and as with all surgery and there are associated risks that you need to be aware of when deciding on the right treatment for you. The risks are:

- Wound or bladder infection, which are usually treatable with a course of antibiotics.
- Damage to the bladder or ureters (tubes which drain the kidneys); affecting 1 in 200 women
- Very rarely, damage to the bowel; risk of about 1 or 2 in 1000 women
- Excessive bleeding. This may occur during the operation with a risk to about 1 in 100 women
- Venous Thrombo Embolism (VTE), this is when a blood clot forms in a leg vein, or lungs, which happens in about 1 in 250 women. Treatment will be given to reduce this risk
- Prolapse recurrence. If you have one prolapse, there is an increased risk of having another during your life, especially in the area where no repair was performed

**Patient
Information**

- Mesh erosion/exposure (wear through to the surrounding tissues). This is rare and unlikely to happen, with a risk of about 1 to 2 in 100 women. If you experience a discharge, a repeat operation to trim the mesh will be required

Changes in bladder and bowel function

Laparoscopic hysteropexy can help to restore the normal position of the bladder and bowel and therefore improve their function. However, in some women the straightening of the vaginal walls when prolapse is repaired can reveal a pre-existing weakness of the bladder neck and lead to a new incontinence problem.

Some patients experience worsening constipation following this surgery but this tends to resolve over time. It is important to try and avoid being constipated following surgery to reduce the risk of prolapse recurrence.

Childbirth

If you are planning to have children after the procedure, a pregnancy may damage the repair and cause the prolapse to recur.

To help prevent this, you may be advised to have a scheduled caesarean section rather than a vaginal birth.

Abdominal incision (cut)

Although the aim is to perform the surgery through a laparoscope (keyhole incisions), sometimes this is not possible. The need for a laparotomy (wider cut in the abdomen) may be required; occasionally, the operation needs to be converted from laparoscopy to laparotomy (abdominal cut) during surgery, especially if there is significant bleeding or damage to surrounding structures. This is very unlikely (less than 1%).

Hysteropexy is considered major surgery but is a relatively safe operation where serious complications are uncommon. All surgery has risks so you and your doctor must discuss these and the benefits of surgery, while also considering any alternative treatments.

What to expect before the operation

Before your admission for surgery you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your

Patient Information

surgery.

A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG and chest X-rays.

You will be given information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask any further questions that you may have.

What to expect on admission to hospital

You will be asked to come in either the day before or the same day as your operation. An anaesthetist and your surgeon (or a senior member of the team) will explain to you what will happen during the operation including its purpose and the associated risks. You will be asked to sign a consent form if you have not already done so and you will have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

How the procedure is carried out

The operation is performed under general anaesthetic. You will have a drip in your arm. A catheter (a tube for urine drainage) is inserted into your bladder once you are asleep.

There will be four small incisions on your abdomen for introducing the camera and the instruments for the operation. A piece of mesh is stitched along the back wall, the top and, if necessary, the front wall of the vagina. The mesh is in turn secured to ligaments over the sacrum (lower backbone). The effect of this is to support the vagina and prevent it from prolapsing down, restoring it to its normal anatomical position. Eventually, new connective tissue grows into the mesh, which forms a new strong ligament and remains permanently in the body.

Patient Information

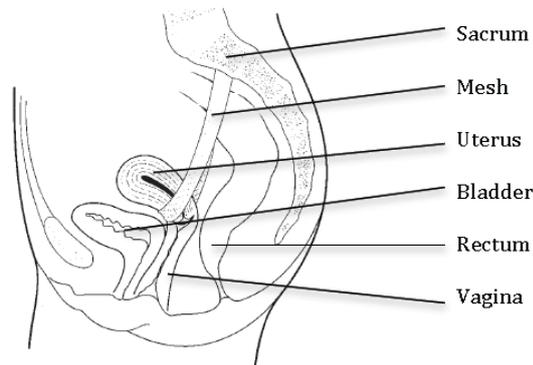


Figure 1: Diagram showing the mesh and pelvis organs.

Vaginal repair

Other types of prolapse may result from stretching and weakening of the walls of the vagina such as cystocele (bulging of the bladder through the front wall) or rectocele (bulging of bowel through the back wall). All of these conditions can result in the feeling of something coming down the vagina.

Following the hysteropexy further repair may be required to correct these kinds of prolapse at the lower part of vagina during your operation. The repair operation tightens the walls of the vagina and the pelvic floor muscles. All the stitches used are dissolvable.

After the operation

When you wake up from the anaesthetic you will have a drip in your hand to give you fluids.

The surgeon may place a vaginal pack (swabs inside the vagina) to stop any bleeding into the tissues. There will also be a tube in the bladder (catheter) to avoid urinary retention. The pack and catheter is usually removed on the day after surgery.

Will I have pain?

Most people experience some pain or discomfort for the first few days after surgery. You will be offered pain relief to help to reduce the discomfort. This may be by injection, tablets or suppositories. You will be encouraged to take pain relief, as being pain-free will help you to recover more quickly.

**Patient
Information**

Due to the anaesthetic, being in pain, and having strong pain relief this can sometimes make you feel nauseous or sick. This can be relieved by injections or tablets. Many women get wind pains a few days after the operation, which can be uncomfortable and make the tummy look distended (swollen). This should not last long and can be relieved by medicines, eating and walking about.

Will I have stitches?

You have some stitches on the small incisions on your abdomen which normally dissolve 2 to 3 weeks after your operation. If you have had a vaginal repair, you will have vaginal stitches, which are dissolvable. Threads may come away for up to three months, which is quite normal.

How will I cough?

If you need to cough, your stitches will not come undone. You will be wearing a sanitary towel, and coughing will hurt less if you press on your pad firmly to give support between your legs.

Returning to your usual routine

Recovery is a time consuming process, which can leave you feeling tired, emotionally low or tearful. Although the scars from laparoscopic (keyhole) surgery are small, this does not shorten the healing process. The body needs time and help to build new cells and repair itself.

Depending on the surgery you have had and the nature of your work, you will need to take 4 to 6 weeks off work to recover.

After a hysteropexy, most women stay in hospital for about 2 days, but it could be longer if necessary. Your date of discharge depends on the reasons for your operation, your general health and how smoothly things go after surgery. It is important to remember that everyone's experience is different; recovery time varies from woman to woman and it is therefore best not to compare your own recovery with that of others on the ward.

Sex after the operation

The healing usually takes about 6 to 8 weeks, so penetrative intercourse is not advised during this period.

Patient Information

Some women find penetrative intercourse uncomfortable at first but it gets better with time and may improve if you use a lubricant, such as vaginal moisturisers or topical oestrogen cream or pessaries.

Do expect things to feel a little different after the operation as the vagina will be suspended and therefore under slight tension. Sometimes, sensation during sex may be less and occasionally orgasm may be less.

Weight and exercise

Reduced levels of activity and an increase in appetite may add to you putting on extra weight. It is important to continue to exercise following surgery. Cycling and swimming are equally as good.

Follow up

A follow-up appointment will be arranged after surgery to assess your recovery. This will be either as a telephone follow up, clinic appointment or a questionnaire. The clinic appointment will be sent to you through the post.

You should contact your GP or Ward 9a (Gynaecology) if you notice any of the following:

- An increase in your temperature
- Swelling around your wound or tummy
- Pain that is getting worse
- Discharge from your wounds or vagina
- Blood in your urine
- If you are unable to open your bowel.

Cervical smears

After a hysteropexy you will need to continue to have routine cervical smear tests.

If you have any further questions please feel free to ask your doctor.

Patient Information

Contact information

If you have any problems or concerns after going home, please contact your GP for advice. Alternatively you can contact an Urogynaecology Nurse Practitioner.

Urogynaecology Nurse Practitioner

The Women's Centre
Gloucestershire Royal Hospital
Tel: 03004226246
Tel: 03004226278
Monday to Friday, 8:00am to 4:00pm
For out of hours emergencies please contact:

Ward 9a

Gloucestershire Royal Hospital
Tel: 03004226668 or
Tel: 03004226780

Further Information

Patient.co.uk

Website: www.patient.co.uk/doctor/genitourinaryprolapse-pro
Bladder & Bowel UK
Tel: 0161 607 8219
Monday to Friday, 9:00am to 4:30pm
Email: Bladderandboweluk@disabledliving.co.uk
Website: www.bladderandboweluk.co.uk

References

Laparoscopic Hysteropexy: A novel technique for uterine preservation surgery. Rahmanou P, Price N, Jackson S. Int Urogynecol J. 2014 Jan 2014. 25(1):139-140

Laparoscopic Hysteropexy: One to four years follow up of women post operation Rahmanou P, White B, Price N, Jackson S. Int Urogynecol J. 2014 Jan 2014. 25(1):131- 138

Laparoscopic hysteropexy: The initial results of a uterine suspension procedure for uterovaginal prolapse. Price N, Slack A and Jackson SR. BJOG, Jan 2010; 117(1): 62-68

Insertion of mesh uterine suspension sling (including sacrohysteropexy) for uterine prolapse repair. National Institute for Health and Clinical Excellence, January 2009

Website: www.nice.org.uk/guidance/IPG282

Website: www.bsug.org.uk/patient-information.php

content reviewed: April 2018